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Torruse by Members, officers, and employees  A \$200  Amendment  Termination Date:  A \$200  Amendment  A \$200  Amendment  A \$200  Balaries or period?  Yes No No No No North more than \$305 rom not otherwise exampl?  If yes, complete and attach Schedule VII.  The period?  Yes No No No North we some period worth more than \$305 from one source)?  If yes, complete and attach Schedule VIII.  No Mit yes, complete and attach Schedule VIII.  No No North we some period any reportable exament of filing in the current calendar year?  If yes, complete and attach Schedule VIII.  No No North word any reportable agreement or arrangement of filing in the current calendar year?  If yes, complete and attach Schedule VIII.  IX. Did you have any reportable agreement or arrangement and attach Schedule VIII.  IX. Did you have any reportable agreement or arrangement and attach Schedule VIII.  IX. Did you have any reportable agreement or arrangement appropriate schedule vIII.  IX. Did you have any reportable agreement or arrangement and attach Schedule VIII.  Each question in this part must be appropriate schedule attached for experience.  ENT, OR TRUST INFORMATION — ANSWER EACH OF THES	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and cell be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
For use by Members, officers, and employees defined annels or period?  Pes No	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
For use by Members, officers, and employees  ### Code	ld have any reportable Yes
For use by Members, officers, and employees  ### ### ### ### #### ##############	No No
For use by Members, officers, and employees    Complete   Complete	S S
Form A For use by Members, officers, and employees  202-225-1766  (Daytime Telephone)  (Dayti	
For use by Members, officers, and employees  202-225-1766  (Daytime Telephone)  A \$200  Amendment  For use by Members, officers, and employees  (Daytime Telephone)  A \$200  against. 30 days	No [
Form A For use by Members, officers, and employees  202-225-1766  (Daytime Telephone)  A \$200  Amendment  Formination  Formination  Formination  Formination  A \$200  against.  30 days	PRELIMINARY INFORMATION - ANSWER EACH OF THESE
Form A For use by Members, officers, and employees  RO 202-225-1766  (Daytime Telephone)	Amendment
	LUCILLE ROYBAL - ALLARO
	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period For 2007 Calendar Year Reporting Period

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Page 3 of 8

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples helow

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\$10,925,72	Adjustiment	CALPERS-Legislators Retirement System
NA	Spouse Salary	lion
\$1,000	Spouse Speech	ble (Oct. 2nd)
\$9,000	Legislative Pension	State of Maryland
\$6,000	Approved Teaching Fee	Keene State
Amount	Туре	Source
curity Act.	benefits received under the Social Security Act.	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and bene
		Townshing #1 000 One ecomples below

SP Union (Savings) SP Well's Fargo (checking)	59 Novy Federal Credit Union	57 Bank of America (SEP)*	CALPERS	UT Credit Union	JT 1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	reporting thesilipid. For remember plants that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).	Asset and/or Income Source	BLOCK A
* *	*	×	X	*	×	<del></del> +	×	\$250,001 - \$500,000	R C D F F G H	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Value of Asset	вгоск в
* *	Z	NA	×	×	×	<del></del> :	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income) Leaislators Retirement	me)	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" it asset did not generate any income during calendar year.	Type of Income	BLOCK C
×	NA A	2.2	×	×	X	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$50,001 - \$100,000	III V V VI VIII XX X	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.	Amount of Income	BLOCK D
							S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	If only a	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.	Transaction	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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Page 5 of

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## SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
	Aug 12-19	Germany - Los Angeles	1	4	Y	None
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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor

organization, or any educational or other institution other than the United States. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

EDWARD BOARD ન Position MEMBER ALLARD TH ron U.S. CAPITOL ONERESS WOMEN KOYBUL - ALLAND HISTORICAL SOCIETY WASHINGTON, DC N 30 ATTACHED

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of Identify the date, parties to, and general terms of any agreement or current employer other than the U.S. Government; or continuing participation in an government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

employee welfare or benefit plan maintained by a former employer. Date Parties To **2**A

GPO: 2008 41-219 (mac)

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## Congresswoman Lucille Roybal-Allard BOARDS AND ADVISORY COUNCILS 2007

- -Angelus Plaza Activity Center Advisory Council
- -Art Share Los Angeles Advisory Board
- -Belmont Community Adult School Advisory Council
- -Center for Asian Americans United for Self Empowerment (CAUSE) Honorary Advisory Council
- -Congressional Hispanic Caucus Institute Board Member
- -Huntington Park-Bell-Gage Community Adult School Advisory Council
- -Korean American Coalition Honorary Board Member
- -Latino Children's Fund Honorary Board Member
- -L.A. County /USC Medical Center Advisory Council
- -LINC TELACU Education Foundation National Advisory Board
- -NALEO Educational Fund Board of Directors
- -Neighborhood Music Settlement Advisory Council
- -Para Los Niños Advisory Board
- -Rio Hondo Boy & Girls Club Advisory Council
- -Roosevelt Community Adult School Advisory Council

Committee on Appropriations
Subcommittee on Labor,
Health and Human Services and
Education

Subcommittee on Homeland Security

Democratic Senior Whip

Whip, Congressional Hispanic Caucus



WASHINGTON, D.C. OFFICE: • 2330 Rayburn House Office Building. Washington, DC 20515-0533 Telephone: (202) 225-1766 Fax: (202) 226-0350

DISTRICT OFFICE: 255 East Temple Street Suite 1860 Los Angeles, CA 90012-3334 Telephone: (213) 628-9230 Fax: (213) 628-8578

www.house.gov/roybal-allard

July 30, 2008

The Honorable Stephanie Tubbs Jones Chairman Committee on Standards of Official Conduct US House of Representatives HT2 Capitol Washington, DC 20515 The Honorable Doc Hastings
Ranking Member
Committee on Standards of Official Conduct
US House of Representatives
HT2 Capitol
Washington, DC 20515

Dear Chairwoman Jones and Ranking Member Hastings:

Attached is my 2008 Financial Disclosure Statement (FDS). In reviewing this year's filing, I realize that my monthly California Legislator's Retirement System payment of \$155 per month for a total of approximately \$1860.00 annually was inadvertently left off my 2007 FDS.

Please accept this as an amendment to my 2007 FDS. I apologize for the omission.

Roybal Mark

Sincerely,

Lucille Roybal-Allard Member of Congress

Attachment